Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6000210 B. WING 07/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 NORTH LOGAN AVENUE** ACCOLADE HEALTHCARE DANVILLE DANVILLE, IL 61832 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint#2265208/IL148656 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.3240a) 300.3240b) Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary b) care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.3240 Abuse and Neglect An owner, licensee, administrator. employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the Department and to the facility administrator. (Section 3-610(a) of the Act) These requirements are not met as evidenced by: Attachment A Statement of Licensure Violations Based on interview and record review the facility Illinois Decartment of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6000210 07/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 NORTH LOGAN AVENUE** ACCOLADE HEALTHCARE DANVILLE **DANVILLE, IL 61832** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 failed to ensure one resident (R3) was not subjected to misappropriation of property. This failure caused (R3) to experience financial harm due to the loss of a check book and \$53.00 cash and psychosocial harm expressed as fear, worry, and inability to trust care givers. (R3) is one of three residents reviewed for abuse in a sample list of three residents. Findings include: R3's Face sheet printed 7/1/22 includes the following diagnoses: Major Depressive Disorder and History of Cerebral Vascular Accident (CVA) with Right Hemiplegia. R3's Minimum Data Set (MDS) dated 5/20/22 documents R3 is cognitively intact and does not exhibit any behavioral symptoms. R3's Grievance/Complaint form dated 5/13/22 documents "Resident stated her check book was misplaced." On 7/13/22 at 2:27PM R3 stated "On 4/30/22 my check book wallet and \$53.00 came up missing. It had to be between 9:00PM and Midnight. I had been balancing my checkbook earlier that evening and I finished around 9:00PM. There were four agency CNA's(Certified Nurse's Aides) in my room. I told them I only need the help of two people, but they were all in here. I keep things on my tray table so I can reach them. I woke up at midnight and noticed things on my tray table looked like they had been moved around and that is when I found my checkbook and \$53.00 missing. I know I had \$53.00 because I had gotten \$55.00 and spent \$2.00. I told the nurse that night and I told them several times. I worried all weekend until I could get to the bank

PRINTED: 09/18/2022 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING iL6000210 07/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 NORTH LOGAN AVENUE** ACCOLADE HEALTHCARE DANVILLE DANVILLE, IL 61832 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY** S9999 Continued From page 2 S9999 Monday 5/2/22 to close the old account and open a new one. I was able to do that 5/2/22 and no checks had come in, so I was out the \$53,00. I kept reporting it and wanted to call the police, but the nurses and CNAs all told me 'Oh it will turn up.' It did not get reported until (V17) Social Services Director came to talk to me 5/13/22. Then I finally got to report it to the police. From when it came up missing 4/30/22 until I got to the bank 5/2/22 to change my accounts I was so worried I couldn't stand it. I was thinking my check comes to the bank on the first, what if someone takes my whole check. I honestly think one of those four CNA's who were in here (4/30/22) took it. I take care of my own finances and health care decisions." On 7/13/22 at 3.00PM V1, Administrator stated "I was not aware that (R3) was missing her check book until 5/13/22 when (V17) Social Services Director brought it to my attention. I do know. after talking to (R3) that she had reported it to direct care staff beginning 4/30/22 and (R3) closed her bank account and opened a new one on 5/2/22. We searched (R3's) room and did not find the check book. I was not aware of the \$53.00 that was missing. It was reported to the police 5/13/22 at (R3's) request." V1 verified R3 does not have a financial or healthcare Power of Attorney and makes her own decisions. On 7/14/22 the (Local) Police Department verified that (R3) had reported on 5/13/22 her checkbook and \$53.00 was missing since 4/30/22.